

## RENEWAL APPLICATION FOR DIETITIAN LICENSURE

**Your Dietitian license will expire February 28, 2010. Renewal materials must be postmarked by February 28, 2010 to avoid a \$50.00 late fee.**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

License #: \_\_\_\_\_  
License End Date: 02/28/2010  
Renewal Fee: \$135  
CE Hrs Due: See Instruction Sheet

*NOTE: ONLY use this application form if NOT using the online renewal process.*

### Disciplinary History

To renew your license the following question must be answered:

During this licensure period, has your license, certification, or registration issued by Kansas or another state or entity been denied, refused for renewal, suspended, revoked or subjected to any disciplinary action, or have you been convicted of a crime by any state or federal court in the United States?

☐ ( ) No ( ) Yes If yes, attach explanation.

### Continuing Education Attestation

The following attestation statement regarding continuing education must be signed to renew your license:

*By signing this application, I affirm that I have completed the continuing education required by regulation (KAR 28-59-5). I understand that an audit will be conducted of a percentage of all applications, and should my application be subject to audit, I will provide all documentation as requested. I understand that my license will not be renewed until all required documentation is reviewed and approved. I also know that falsifying any of this documentation may result in disciplinary action against my license.*

☐ Signature \_\_\_\_\_ Date \_\_\_\_\_

### If **NOT** renewing please indicate below:

☐ I do not intend to renew my Kansas Dietitian license at this time because:

\_\_\_\_\_  
*(Please return this application to the address below so we can update your records)*

### Before mailing your renewal application be sure that you have:

- **Enclosed** a nonrefundable fee of \$135.00 made payable to the Kansas Dept of Health and Environment (KDHE). Or completed and enclosed the authorization form to charge fees to your Discover Card.
- **Answered** the disciplinary question.
- **Signed** the continuing education attestation.

NOTE: As mentioned above, applications postmarked after 02/28/2010 and before 04/01/2010 can still be processed for renewal if the required CE was obtained by 02/28/2010 but a \$50 late fee must be paid in addition to the \$135 renewal fee. After 04/01/2010, licenses are considered lapsed and would have to be reinstated. The fee for reinstatement is \$235.

**Please return this application to:**

**Health Occupations Credentialing • 1000 SW Jackson, Suite 200 • Topeka KS 66612-1365**